| DEPAR CENTE | TMENT OF HEALTH | I AND HUMAN SERVICES & MEDICAID SERVICES | | PRINTED: 12/17 FORM APPRO | OVED |
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| STATEMEN | TOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | OMB NO. 0938- 2) MULTIPLE CONSTRUCTION (X3) CATE SURVEY BUILDING COMPLETED | -0391 |
| ··· | . | 09G027 | | WING C | t |
| NAME OF F | PROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| MY OWN | I PLACE | | | 3215 20TH STREET, NE WASHINGTON, DC 20018 | |
| : (X4) ID : PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) | IO PREF TAG | EFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLI | EMON . |
| W 000 | INITIAL COMMENT | rs | W | V 000 | |
| STATE AND THE ST | Agency (SA) was not executive Director of According to the fel director, Client #1 whospital emergency "blacking out" while further revealed that incident as "droppin back." It was thoug "new onset of seizu Client #1 was admitted evaluation, but at the internal investigation 2008), a primary discessablished. Client deteriorate quickly a determined that she rehabilitation. Client hospital and admitted center. Two days at hospital, the client and admitted and placed breathing. Accordin health continued to of functions began to se | ted to the hospital for further e time of the provider's n, (completed on October 10, ignoses had not been #1's health was noted to after her admission and it was was in need of extensive t #1 was discharged from the id into a local rehabilitation after her discharge from the spirated and was sent to al. While there, she was I on a ventilator to aid with her g to the director, Client #1's deteriorate and her body hut down. On December 2, taken off of life support and | | Received 12/216/08 GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002 | |
| - | on December 3, 200 federal regulatory re #1's death. The resu based on interviews direct care staff and | ion was conducted by the SA 8, to verify compliance with quirements prior to Client Its of the investigation were with the facility's nursing and administrative personnel. | | | |
| BORATORY | DIPECTOR SOR PROVIDE | RESIDENTATIVES SIGNA | | 9,000 This Chirothy 1-1-0 | 二, 战 |
| y denomine ter safeguar lowing the d | statement ending with ar ds provide sufficient prote ate of survey whether or r | a asterisk (") depotes a deficiency which action to the patients. (See instructions, not a plan of correction is provided. For | the inst | istitution may be excused from correcting providing it is determined that apt for nursing homes, the findings stated above are disclosable 90 daying homes, the above findings and place of more than the provided in the state of the provided in the state of the provided in the provided i | <u>~//)</u> at ys |

glays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction are disclosable 14 program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: PYC011

Facility ID: 09G027

If continuation sheet Page 1 of 11

1.00 DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 12/17/2008 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING C B. WING 09G027 12/03/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3215 20TH STREET, NE MY OWN PLACE WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETION TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 000 Continued From page 1 W 000 client's habilitation, medical, and administrative records including incident reports. والمراد والمراث /⊫W:124 483.420(a)(2) PROTECTION OF CLIENTS W 124 F., T. RIGHTS The facility must ensure the rights of all clients. £. Therefore the facility must inform each client, جزر parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of W124 W124 ·K/ treatment, and of the right to refuse treatment. 04.07.08 The EEG prescribed by the neurologist was completed on 09/07/2006. (See attached report). A guardian for Client #1 was assigned This STANDARD is not met as evidenced by: 3.13.2008. In order to complete the Based on interview and record review, the facility failed to ensure the rights of each client and/or order for MRI examination under their legal guardian to be informed of the client's sedation, an updated order would medical condition, developmental and behavioral need to be obtained; the original order status, attendant risks of treatment, and the right was dated 09/07/2006. On 4.7.08 the Sec. 17. 17 to refuse treatment, for Client #1. Primary Care Physician deemed that (19 H). Client #1's "altered mental state 11.19 The findings include: (AMS) was most likely metabolic" and "resolved-no further action". (See [Cross Refer W322] The facility failed to provide ٠. attached physician progress evidence that indicated Client #1's legal guardian note). Therefore, the guardian was not was made aware of the client's need for an MRI contacted to provide consent for the and EEG, including the need for sedation. MRI under sedation. 1, The provider will ensure next of Review of the facility's incident reports on kin/guardians receive timely December 3, 2008, beginning at 8:51 AM notification of needed medical revealed the following: treatment. Discussion will be On October 4, 2008, staff reported that Client #1 documented and filed in the active began to black out during her morning care in the medical record. facility's bathroom. The report revealed the client

was transported to the emergency room via ambulance. Review of the internal investigation on the aforementioned date revealed the client

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PRINTED: 12/17/2008 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING C B. WING 09G027 12/03/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3215 20TH STREET, NE MY OWN PLACE WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ΙD PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY Continued From page 2 .W.124 W 124 W124 Orticio. was admitted to the hospital and diagnosed with The newly hired Registered Nurse 04.07.08 syncope (unknown etiology). failed to fully review the quarterly progress notes and Interview with the Registered Nurse (RN) and recommendations; specifically those review of Client #1's medical record on December from the PCP dated 04.07.2008 (see 3, 2008, revealed a monthly nursing assessment attachment). The RN has received dated September 27, 2008. According to the additional training to ensure that all note, in a section entitled, "Systems Review/Risk new recommendations are reviewed Assessment," a recommendation was made to and "signed off" by the RN. Follow up follow-up with an "MRI of the brain and appointment with the neurologist." The RN action will be completed as deemed indicated that when she started, in July 2008, she necessary. reviewed the client's medical record and Contract clinicians were discovered that the recommendation for Client #1 in-serviced on 09.10.2008 on their to receive the MRI had not been completed. responsibility to demonstrate that all Additionally, the monthly nursing assessment recommendations have been Ongoing (dated September 27, 2008) recommended to reviewed. (See attachment). follow-up on any outstanding appointments, A., Random quarterly quality assurance continue with current plan of care and report any Augustus. reviews of medical records will be changes to the nurse." conducted by the Director of Health Services to monitor timely completion Further interview with the RN and review of the and follow-up of clinician client's medical record revealed that Client #1 had recommendations. been seen initially by the neurologist on September 7, 2006. Review of the corresponding neurological consult revealed the client was referred to the specialist because she had experienced four seizure-like episodes. Further review of the consult revealed the direct care staff reported that the client was also experiencing urinary incontinence and visual hallucinations. The neurologist recommended an EEG and an MRI of the brain to rule-out any structural lesions. Client #1 was to return for a follow-up

six weeks.

appointment after the completion of the MRI or in

On September 25, 2006, Client #1 was scheduled for the MRI, however, the MRI was not completed

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| W 124 | Continued From page | ge 3 | W. | 124 | | | |
| 2.15- | because the client value Additionally, review recommendation was sedated. Continued revealed the client value of the client va | vould not hold her head still. of the consult revealed a as made for the client to be if review of the client's record was also seen by the ich 6, 2007. The consultation | | 124 | | | |
| i i i i i i i i i i i i i i i i i i i | form revealed the M because the client v follow instructions. | IRI was again not completed vas unable to remain still and | | | | | |
| Value of the second of the sec | Professional (QMRF conference on Dece revealed Client #1 h involved in her care, record verification of client was assigned 13, 2008. Continued revealed that she did guardian was made an MRI and EEG, in sedation. At the time failed to provide evice | ualified Mental Retardation 2) during the entrance ember 3, 2008, at 11:01 AM ad a legal guardian that was. According to the QMRP and in December 3, 2008, the a legal guardian on March dinterview with the QMRP do not know if Client #1's legal aware of the client's need for cluding the recommended e of the survey, the facility dence that revealed Client and been informed of the | | | | | |
| W 148 | client's medical cond | dition (need for specialty commended sedation and discount of the following series of the following se | W148 | | W148 | | |
| | The facility must noti parents or guardian changes in the client limited to, serious illn or unauthorized abse | ify promptly the client's of any significant incidents, or is condition including, but not ness, accident, death, abuse, ence. | | | The provider will in-service staft appropriate notification in the e changes in the individuals concernious illness, accident, death or unauthorized absence or any unusual situation. | vent of lition, abuse | 1/15/09 |
| | Based on interview a | not met as evidenced by: and record review, the facility | | | | | |

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| W 148 | Continued From pa | ge 4 | | | | | - |
| | ļ | ents/guardians were notified | · W148 | | Continued from page 4 | | |
| Ç) | | , for Chefit #1. | ľ | | W148 | | . [|
| 1 | The finding includes | S. | | | Training will include who to co | ntact | 1/15/09 |
| 15 | | | | | and appropriate documentation | In. | |
| | Review of the facilit | y's incident reports on | | | Additionally, updated informat | ion on | |
| | revealed the followi | beginning at 8:51 AM | | | the next of kin/guardian will be | | · |
| | Levesied tile lollowi | ng. | | | provided on the individual's he passport. The RN and QMRP | | 1 |
| | On October 4, 2008 | s, staff reported that Client #1 | | | update the Health Passport ar | wiii Michally | Į į |
| | began to black out (| during her morning care in the | | | and PRN to reflect accurate c | ontact | |
| | facility's bathroom. | The report revealed the client | | | information. | Dinace | 1 |
| ان د . | was transported to the | the emergency room via | 1 | | | |) |
| 474 | on the aforemention | v of the internal investigation ned date revealed the client | | | In addition, the IMC will revie | ile w | |
| 1995 137 | was admitted to the | hospital and diagnosed with | | | reports to ensure all required | t narties | ļ |
| | syncope with ал uni | known etiology. | | } | are contacted in a timely ma | nner | |
| · | | | | | in a timoty ma | 111101. | . [|
| | Interview with the Q | ualified Mental Retardation | | | | ł | |
| . | conference on Dece | P) during the entrance ember 3, 2008, at 11:01 AM | | | | | |
| , da | revealed Client #1 h | ad a legal guardian that was | | | | | |
| ì | involved in her care, | At the time of the survey. | | | | | ĺ |
| | however, the facility | failed to provide evidence | | | | | |
| | that Client #1's guar aforementioned inci- | dian had been notified of the | | | | | . 1 |
| W 159 | 483.430(a) QUALIF | | 1114 | | W159 | | ' |
| ** 100 | RETARDATION PR | OFESSIONAL | W 1 | 59 | Reference response to W124 | | |
| - | | | | - | • | | ł |
| | Each client's active | treatment program must be | | | | | |
| | integrated, coordina | ted and monitored by a | | | | | ł |
| | quameu mentai reta | rdation professional. | | | | | |
| A. Sept | | · | | - | | | |
| 3, | This STANDARD is | not met as evidenced by: | | | | • | |
| | Based on record rev | iew, the Qualified Mental | | | | | |
| ' | the coordination of - | onal (QMRP) failed to ensure | | | | | |
| | mie coolatistich of 2 | ervices for Client #1. | | | | | 1 |
| | | | | | | | } |

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| W 159 | Continued From pa | ge 5 | W - | 59 | | | | |
| 1 | The finding includes | <u>-</u> | • • • | | | | | |
| W 322 | [Cross Refer to W3 coordinate services Team (IDT) to ensu conduct a MRI of the lesions) was address 483.460(a)(3) PHYS | 31] The QMRP failed to with the Interdisciplinary are that the recommendation to be brain (to rule out structural assed for Client #1. | W s | 322 | W322 Reference response to W124 | | , | |
| NA) | general medical car | | | | | | , | |
| MY | This STANDARD is Based on interview failed to ensure ger | s not met as evidenced by: and record review, the facility leral and preventative care led for one of one client (Client | | | | | | |
| F3' | • | | | | | | | |
| | The findings include | e: | | | , | | | |
| | December 3, 2008, revealed an inciden October 4, 2008. A #1 began to black o during her morning revealed the client vemergency room via internal investigation on December 3, 200 admitted to the hosy syncope (unknown and several admitted to the hosy syncope (unknown admitted to | 3,, | | | | | | |
| | on December 3, 200 ascertain if Client # | icility's Registered Nurse (RN) 08, was conducted to 1 had experienced any rior to her admission to the | | | | | | |

PRINTED: 12/17/2008 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING C B. WING 09G027 12/03/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3215 20TH STREET, NE MY OWN PLACE WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ΙD (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) W 322 Continued From page 6 W 322 hospital on October 4, 2008. According to the RN, Client #1 had not experienced any medical problems before her admission to the hospital. Additionally, interview was conducted with a direct care staff on December 3, 2008 at 10:06 AM that further verified Client #1's health status (no medical concerns) prior to her admission to the hospital. Continued interview with the RN and review of Client #1's medical record on December 3, 2008, revealed a monthly nursing assessment dated 147 September 27, 2008. Review of the nursing assessment revealed a page entitled "Systems Review/Risk Assessment." According to the Systems Review/Risk Assessment, a recommendation was made to follow-up with an "MRI of the brain and appointment with the neurologist." The RN indicated that when she started, in July 2008, she reviewed the client's medical record and discovered that the recommendation for Client #1 to receive the MRI ٠., had not been completed. Additionally, the monthly nursing assessment (dated September 27, 2008) recommended to "follow-up on any outstanding appointments, continue with current plan of care and report any changes to the nurse." 49 Further interview with the RN and review of the client's medical record revealed that Client #1 had 14,77 been seen initially by the neurologist on September 7, 2006. Review of the corresponding

Siring Baran neurological consult revealed the client was referred to the specialist because she had experienced four seizure-like episodes. Further review of the consult revealed the direct care staff reported that the client was also experiencing urinary incontinence and visual hallucinations.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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| .W 322 | Continued From pa | ge 7 | W 322 | | | - |
| e pe | The neurologist red MRI of the brain to Client #1 was to ret | commended an EEG and an rule-out any structural lesions. | , | | | |
| 1 th | for the MRI, however because the client of Additionally, review recommendation we sedated. Continuer revealed the client of the | cility failed to provide evidence yed the recommended MRI yide evidence that the respectively the MRI was alternatively HYSICIAN SERVICES evide or obtain annual physical chiclient that at a minimum dies when needed. In not met as evidenced by: and record review, the facility int #1 received recommended cluding an MRI and an EEG. | W 326 | W326 1. Reference response to W Client #1 also underwent CT the brain without contrast on as further investigation of the diagnosis of altered mental s (See attached report). Resul CT scan revealed "no evider acute intracranial pathology" | scan of 10/21/06 10/21/06 10 10/21/06 10 10 10 10 10 10 10 10 10 10 10 10 10 | 4.7 08 |
| ľ | The facility failed Client #1 received a failed to provide evice | recommended MRI and/or | | | | |

| <u> </u> | TO FORTIME BION TITE | A MICDIONIO OLIVATOLO | | | | OIVID NO. | 0930-0391 |
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| W 326 | Continued From pa | ge 8 | w: | 326 | W326 | | |
| OR! | recommendation fo | r the MRI was alternatively | | | VV320 | | } |
| | addressed. (See V | | | - | 2. Reference response to W | 104 | ŀ |
| | · | · · | | | 2. Neterence response to VV | 124 | |
| | 2. (Cross Refer to | W322) Review of the facility's | | | The EEG ordered by the neu | rologiet | 12/30/08 |
| <u> </u> : | incident reports on | December 3, 2008, beginning | | | was completed on 09/07/200 | | |
| | at 8:51 AM revealed | d an incident involving Client | | | The provider will ensure that | | |
| . V. | #1 dated October 4 | , 2008. According to the | | | examinations and procedure | | |
| 116, | report, Client #1 be | gan to black out in the facility's | | ٠ | permanently maintained in the | e activo | |
| | bathroom during ne | er morning care. The report | | | medical record to ensure co | ntipuity of | ļ |
| HAME. | emergency room vi | e client was transported to the a ambulance. Review of the | | | care. The provider will clearly | v indicato | _ |
| | internal investigation | in dated December 10, 2008, | | | critical documents that are n | | 1 |
| 357 | on December 3, 20 | 08, revealed the client was | | | purged from the active recor | | |
| <u>-</u> . | admitted to the hos | pital and diagnosed with | | | records will be reviewed to e | | } |
| | syncope (unknown | etiology) | | | that critical documents rema | | 1 |
| | | | | | active medical record. | iir iii uie | |
| | Interview with the fa | acility's Registered Nurse (RN) | | | Nurses will receive additiona | d training | 1/15/09 |
| | on December 3, 20 | 08, was conducted to | | | on the provider policy on ma | | ",'3" |
| | ascertain if Client # | 1 had experienced any | | | of medical records, particula | | |
| | medical concerns p | rior to her admission to the | | | pertains to purging medical r | | |
| | hospital on October | 4, 2008. According to the | ļ | | (See attached) | ecorus. | |
| | RN, Client #1 had n | not experienced any medical | | | (Occ attached) | | 4 |
| , | problems before he | r admission to the hospital. | | | | | 1 |
| | Eusthos istop <i>iov</i> | ith the facility par | | | | | |
| ' <i>is</i> - | of Client #1's media | ith the facility's RN and review al record on December 3, | | | | | |
| . ∰ | 2008 beginning at | 12:49 PM was conducted to | | | | | |
| | determine the client | t's health status prior to her | | | | | |
| v/-/- | | revealed a monthly nursing | | | | | |
| 1 -510 | assessment dated : | September 27, 2008. The | | | | | · |
| | assessment docum | ented a recommendation to | | | | | |
| ** | follow-up with an "M | IRI of the brain and | | | | | |
| <u>-</u> ` | appointment with th | e neurologist." The RN | | ļ | | | |
| | indicated that when | she started, in July 2008, she | | | | | |
| | reviewed the client's | s medical record and | | | | | |
| i | discovered that the | recommendation for Client #1 | | | | | |
| | to receive the MRI | nad not been completed. | | | | | · |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Additionally, the mo | nthly nursing assessment | | | | | |
| | (uated September 2 | 7, 2008) recommended to | | | | | 1 |

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| W 326 | "follow-up on any or continue with currer changes to the nurs Continued interview client's medical recepted been seen initially been seen initially been seen initially been seen initially seen initially seen in seen | utstanding appointments, nt plan of care and report any | | | | | | |
| ,W 331 | Additional review of December 3, 2008, quarterly progress reprogress note indicated in November 2 progress note further was completed. Into December 3, 2008, information regarding RN revealed the client At the time of the improvide evidence the conducted. 483.460(c) NURSIN The facility must proservices in accordance. | Client #1's record on revealed a physician's note dated July 2, 2007. The ated that Client #1 had an 2006. The physician's er documented that the EEG erview with the RN on was conducted to ascertain at the results of the EEG, The ent's record had been purged. Vestigation, the facility failed to at verified the EEG had been of SERVICES evide clients with nursing nice with their needs. | W 3 | 331 | | | | |
| | Based on staff interv | not met as evidenced by: view and record review, the re nursing services were | | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | ıx | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY) | II D RE | (X5) COMPLETION DATE |
| W 331 | The finding includes 1. The facility nursi Client #1 received a (See W322). 2. The facility nursi | ertain Client #1 received a and EEG. s: ng personnel failed to ensure an MRI as recommended. ng personnel failed to provide the #1 received an EEG as | W3 | 331 | W331 1. Reference response to W12 2. Reference response to W32 | | |
| 2 | | | | | | | |

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| December 2, 2 ency (SA) was recutive Director ording to the te ctor, Resident; pital emergence | 2008, at 4:50 PM the notified, via telephone of the death of Resident will be the death of the d | e, by the dent #1. th the o a local 2008 for | ₹ 000 | | | 1 |
| ner revealed that incident as "dr ad back." It was ew onset of se | at staff described Re- ropping back with her s thought that it may izures." | sident reyes have been | | | - | |
| ner evaluation, mal investigatio 8), a primary di ablished. Resid | but at the time of the on, (completed on Oc agnoses had not bee lent #1's health was r | provider's tober 10, en noted to | | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | | |
| ermined that shebilitation. Reshospital and adaptitation centeharge from the rated and was | e was in need of extendent #1 was dischard mitted into a local or. Two days after he hospital, the resident to another local | ensive ged from r t hospital. | | Con-House | | |
| ilator to aid with director, Reside priorate and her n. On Decemb n off of life sup | n her breathing. Accept #1's health continued body functions begater 2, 2008, Resident | ording to ued to in to shut #1 was | • • • | . , | | ··· |
| December 3, 20 ral regulatory radicath. The resident on interviews at care staff and | 08, to verify compliar equirements prior to lutts of the investigation with the facility's nure administrative person | nce with Resident on were rsing and | | | | |
| | ording to the tector, Resident; pital emergency cking out" while her revealed that incident as "dred back." It was awner evaluation, rnal investigation, a primary diablished. Resident and that shabilitation. Residentiation, resident and adabilitation center harge from the rated and was let there, she will director, Residentiation off of life support. On December 3, 20 and regulatory redeath. The resident regulatory redeath r | cording to the telephone interview winctor, Resident #1 was transported to pital emergency room on October 4 cking out" while in the bathroom. The revealed that staff described Resincident as "dropping back with hered back." It was thought that it may ew onset of seizures." sident #1 was admitted to the hospital per evaluation, but at the time of the mal investigation, (completed on October), a primary diagnoses had not be ablished. Resident #1's health was removed quickly after her admission a semined that she was in need of extendibilitation. Resident #1 was discharge from the hospital, the resident rated and was sent to another local te there, she was admitted and place dilator to aid with her breathing. According to a different was admitted and place dilator to aid with her breathing. According to a different was admitted and place dilator to aid with her breathing. According to a different was admitted and place dilator to aid with her breathing. According to a different was admitted and place dilator to aid with her breathing. According to a different was admitted and place dilator to aid with her breathing. According to a different was admitted and place dilator to aid with her breathing. According to a different was admitted and place dilator to aid with her breathing. According to a different was admitted and place dilator to aid with her breathing. According to a different was admitted and place dilator to aid with her breathing. According to a dilator | cording to the telephone interview with the ctor, Resident #1 was transported to a local pital emergency room on October 4, 2008 for oking out" while in the bathroom. The director ner revealed that staff described Resident incident as "dropping back with her eyes at back." It was thought that it may have been ew onset of seizures." Ident #1 was admitted to the hospital for ner evaluation, but at the time of the provider's mal investigation, (completed on October 10, 8), a primary diagnoses had not been ablished. Resident #1's health was noted to enorate quickly after her admission and it was ermined that she was in need of extensive abilitation. Resident #1 was discharged from hospital and admitted into a local abilitation center. Two days after her harge from the hospital, the resident rated and was sent to another local hospital. Ite there, she was admitted and placed on a ciliator to aid with her breathing. According to director, Resident #1's health continued to priorate and her body functions began to shut an On December 2, 2008, Resident #1 was an off of life support and died shortly after 4:00 priorate investigation was conducted by the SA december 3, 2008, to verify compliance with ral regulatory requirements prior to Resident death. The results of the investigation were administrative personnel, the findings were based on the review of the | ording to the telephone interview with the ctor, Resident #1 was transported to a local pital emergency room on October 4, 2008 for oking out" while in the bathroom. The director mer revealed that staff described Resident incident as "dropping back with her eyes ad back." It was thought that it may have been ew onset of seizures." sident #1 was admitted to the hospital for mer evaluation, but at the time of the provider's mal investigation, (completed on October 10, 8), a primary diagnoses had not been ablished. 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The findings were based on the review of the | ording to the telephone interview with the ctor, Resident #1 was transported to a local pital emergency room on October 4, 2008 for oking out" while in the bathroom. The director ner revealed that staff described Resident is incident as "dropping back with her eyes and back." It was thought that it may have been ew onset of seizures." ident #1 was admitted to the hospital for one evaluation, but at the time of the provider's mail investigation, (completed on October 10, 8), a primary diagnoses had not been ablished. Resident #1's health was noted to senorate quickly after her admission and it was armined that she was in need of extensive abilitation. Resident #1 was discharged from hospital and admitted into a local abilitation center. Two days after her harge from the hospital, the resident rated and was sent to another local hospital. Le there, she was admitted and placed on a dilator to aid with her breathing. 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It was thought that it may have been ew onset of seizures." ident #1 was admitted to the hospital for ner evaluation, but at the time of the provider's mall investigation, (completed on October 10, 8), a primary diagnoses had not been oblished. Resident #1's health was noted to semined that she was in need of extensive abilitation. Resident #1's health was noted to semined that she was in need of extensive abilitation. Resident #1 was discharged from hospital and admitted into a local abilitation center. Two days after her harge from the hospital, the resident rated and was sent to another local hospital. Ite there, she was admitted and placed on a ciliator to aid with her breathing. According to director, Resident #1's health continued to inforate and her body functions began to shut in. On December 2, 2008, Resident #1 was in off of life support and died shortly after 4:00 orn-site investigation was conducted by the SA becember 3, 2008, to verify compliance with ral regulatory requirements prior to Resident death. The results of the investigation were ed on interviews with the facility's nursing and it care staff and administrative personnel, the findings were based on the review of the |

FORM APPROVED Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING HFD03-0238 12/03/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3215 20TH STREET, NE MY OWN PLACE WASHINGTON, DC 20018 " (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION **CX5**1 PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY 1000 Continued From page 1 1,000 client's habilitation, medical, and administrative records including incident reports. 1 002 3500.2 GENERAL PROVISIONS 1002 1002 In order to complete the order for MRI Each GHMRP licensee and residence director -47 examination under sedation, an shall demonstrate that he or she understands that updated order would need to be the provisions of D.C. Law 2-137, D.C. Code, obtained; the original order was dated Title 6, Chapter 19 govern the care and rights of 09/07/2006. mentally retarded persons in addition to this chapter. A CT scan of Client #1's brain was 10.21.06 performed on 10/21/06 as an alternative diagnostic test to evaluate This Statute is not met as evidenced by: the physiology of the brain. The CT Based on observations, interviews and record scan revealed "no evidence of acute review, the GHMRP licensee and residence intracranial pathology". (See attached director failed to demonstrate that he or she report). understood that the provisions of Title 7, Chapter 13 of the D.C. Code (formerly called D.C. Law On 4.7.08 the Primary Care Physician 4.7.08

The finding includes:

The facility failed to demonstrate protection of residents' rights to receive prompt and adequate medical attention [Title 7, Chapter 13, § 7-1305.05(g), formerly § 6-1965(g)], as follows:

2-137, D.C. Code, Title 6, Chapter 19) govern the

care and rights of mentally retarded persons.

There was no evidence that the GHMRP ensured Resident #1 received an MRI as recommended by the neurologist. [See W322 & 331]

3519.5 EMERGENCIES

After medical services have been secured, each GHMRP shall promptly notify the resident's guardian, his or her next of kin if the resident has

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Health Regulation Administration

STATE FORM

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deemed that Client #1's "altered

action". (See attached physician

progress note).

mental state (AMS) was most likely metabolic" and "resolved-no further Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING B. WING HFD03-0238 12/03/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **3215 20TH STREET. NE** MY OWN PLACE WASHINGTON, DC 20018 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE ŢAG DEFICIENCY 1374 1374 Continued From page 2 1374 01/15/09 The provider will in-service staff on no guardian, or the representative of the appropriate notification in the event of sponsoring agency of the resident 's status as changes in the individuals condition. soon as possible, followed by written notice and serious illness, accident, death abuse documentation no later than forty-eight (48) hours or unauthorized absence. Training will after the incident. include who to contact and - 1 appropriate documentation. This Statute is not met as evidenced by: Additionally, updated information on Based on interview and record review, the the next of kin/quardian will be GHMRP failed to ensure that after medical provided on the individual's health services were secured, prompt notification of the resident's status would be made as soon as passport. possible to the resident's quardian, his or her next of kin if the resident had no guardian, or the In addition, the IMC will review all representative of the sponsoring agency, followed reports to ensure all required parties by written notice and documentation no later than are contacted in a timely manner. forty-eight (48) hours after the incident, for Resident #1. The finding includes: Review of the facility's incident reports on December 3, 2008, beginning at 8:51 AM revealed the following: On October 4, 2008, staff reported that Resident #1 began to black out during her morning care in the facility's bathroom. The report revealed the resident was transported to the emergency room via ambulance. Review of the internal investigation on the aforementioned date revealed the resident was admitted to the hospital and diagnosed with syncope with an unknown etiology. Interview with the Qualified Mental Retardation Professional (QMRP) during the entrance , .; conference on December 3, 2008, at 11:01 AM revealed Resident #1 had a legal guardian that

was involved in her care. At the time of the survey, however, the facility failed to provide

PRINTED: 12/17/2008

FORM APPROVED Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING HFD03-0238 12/03/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3215 20TH STREET, NE MY OWN PLACE WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) . TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) 1374 Continued From page 3 1374 evidence that Resident #1's guardian had been notified as required. I 401 1. Reference response to 1002 1401 3520.3 PROFESSION SERVICES: GENERAL 1401 Client #1 also underwent CT scan of **PROVISIONS** 10.21.06 the brain on 10/21/06 as further investigation of the diagnosis of Professional services shall include both diagnosis and evaluation, including identification of altered mental state. The CT scan developmental levels and needs, treatment revealed "no evidence of acute services, and services designed to prevent intracranial pathology". (See attached deterioration or further loss of function by the report). resident. This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure timely treatment services and services designed to prevent deterioration or loss of functioning were conducted for one resident (Resident #1) included in the investigation. ... The finding includes: 1. The facility failed to provide evidence that Resident #1 received a recommended MRI and/or failed to provide evidence that the recommendation for the MRI was alternatively addressed. Review of the facility's incident reports on December 3, 2008, beginning at 8:51 AM revealed an incident involving Resident #1 dated October 4, 2008. According to the report, ė, Resident #1 began to black out in the facility's bathroom during her morning care. The report further revealed the resident was transported to the emergency room via ambulance. Review of the internal investigation dated December 10,

2008, on December 3, 2008, revealed the resident was admitted to the hospital and

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING

(X3) DATE SURVEY COMPLETED

12/03/2008

HFD03-0238

B. WING STREET ADDRESS, CITY, STATE, ZIP CODE

MY OWN PLACE

3215 20TH STREET, NE

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| I 401 | Continued From page 4 | J 401 | | | |
| | diagnosed with syncope (unknown etiology) |). | | | |
| <u> </u> | Interview with the facility's Registered Nurse | e (RN) | | | - - |
| | on December 3, 2008, was conducted to | | | | |
| | ascertain if Resident #1 had experienced a | ny | | | |
| :: | medical concerns prior to her admission to | the | | | |
| | hospital on October 4, 2008. According to | the | | | |
| | RN, Resident #1 had not experienced any | | | | |
| | medical problems before her admission to t | he . | | | |
| | hospital. Additionally, interview was condu- with a direct care staff on December 3, 200 | cted | | | |
| | 10:06 AM that further verified Resident #1's | oaı | | | |
| *· | health status (no medical concerns) prior to | her | | | |
| L. | admission to the hospital. | | | | |
| ÷1. | | | | 1 | |
| | Continued interview with the RN and review | of | | • | 7, |
| | Resident #1's medical record on December | 3, | | ••• | _ |
| • ; | 2008, revealed a monthly nursing assessment | ent | | | |
| | dated September 27, 2008. Review of the | _ | | | ľ |
| | nursing assessment revealed a page entitle | d | | | |
| : ' [| "Systems Review/Risk Assessment." Acco to the Systems Review/Risk Assessment, a | raing | | | |
| | recommendation was made to follow-up with | h an | | | <u> </u> |
| ľ | "MRI of the brain and appointment with the | n an | | | |
| | neurologist." The RN indicated that when s | he | | | li li |
| | started, in July 2008, she reviewed the clien | t's | | | |
| | medical record and discovered that the | \ | ļ | | |
| | recommendation for Resident #1 to receive | the | | • | |
| | MRI had not been completed. Additionally, | the | | | |
| . | monthly nursing assessment (dated Septem 27, 2008) recommended to "follow-up on an | iber i | 1 . | | |
| | outstanding appointments, continue with cui | rent | | - | 1 |
| ··., | plan of care and report any changes to the | Tent | | | - |
| 10 | nurse." | | | | |
| | | | | • • | ' |
| | Further interview with the RN and review of | the | | | |
| | client's medical record revealed that Reside | nt #1 | | | |
| | had been seen initially by the neurologist on | . | | | |
| | September 7, 2006. Review of the correspondence of the correspondence of the resident was september 1, 2006. | nding | | | |
| 1 | | | | | |

| STATEMENT OF DEPRICIPIES AND PLAN OF CORRECTION (X) PROVIDER OR SUPPLIER MY OWN PLACE SITEST ADDRESS, CITY, STATE, ZIP CODE 3215 20TH STREET, NE WASHINGTON, DC 2011 (EACH DEPRICIPION WHAT STATEMENT OF DEPRICIPATION) (EACH DEPRICIPION WHAT STATEMENT OF DEPRICIPATION OF CODE CHARGE OF CASE OF COMMENTER OF CORRECTION OF CORRECTION OF CORRECTION OF COMMENTER OF COMMENTER OF CORRECTION OF CORRECTION OF COMMENTER OF CO | Health F | <u>Regulation Administr</u> | ation | | | | I ORM | APPROVED |
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| MY OWN PLACE MY OWN PLACE STREET ADDRESS, CITY, STATE, ZIP CODE MASHINGTON, DC 20018 | | | RECTION IDENTIFICATION NUMBER | | A. BUILDII | NG | COMPLETED | |
| MY OWN PLACE 1401 SUMMARY STATEMENT OF DEFICIENCIES TAG PROVIDERS PLAN OF CORRECTION PREFIX PREFX PREFIX PREFIX PREFIX PREFX PREFX PREFIX PREFX PREFX | NAME OF F | PROVIDED OR SURBULED | 111 000-0236 | OTDEET AD | DEFEC CITY | CTATE ZUR CORE | 12/0 | 3/2008 |
| PREFIX TAG (EACH DEPICIENCY MUST BE PRECEDED BY FULL TAGGE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 1401 Continued From page 5 referred to the specialist because she had experienced four seizure-like episodes. Further review of the consult revealed the direct care staff reported that the resident was also experiencing uninary incontinence and visual hallucinations. The neurologist recommended an EEG and an MRI of the brain to rule-out any structural lesions. Resident #1 was to return for a follow-up appointment after the completion of the MRI or in six weeks. On September 25, 2006, Resident #1 was scheduled for the MRI, however, the MRI was not completed because the Resident would not hold her head still. Additionally, review of the consult revealed a recommendation was made for the Resident to be sedated. Continued review of the client's record revealed the Resident was used to remain still and follow instructions. At the time of the investigation, the facility failed to provide evidence that the recommendation for the MRI was alternatively addressed. 2. The EEG ordered by the neurologist to recommended the MRI or in six weeks. 1401 1401 2. The EEG ordered by the neurologist neurologist and procedures are permanently maintained in the active medical record to ensure continuity of care. The provider will clearly indicate critical documents that are not to be purged from the active record. Purged records will be reviewed to ensure that critical documents remain in the active medical record. Nurses will receive additional training on the provider policy on maintenance of medical records, particularly as it pertains to purging medical records. (See attached) 1/15/09 1/1 | 1 | | | 3215 20T | H STREET, | NE | | |
| referred to the specialist because she had experienced four seizure-like episodes. Further review of the consult revealed the direct care staff reported that the resident was also experiencing urinary incontinence and visual hallucinations. The neurologist recommended an EEG and an MRI of the brain to rule-out any structural lesions. Resident #1 was to return for a follow-up appointment after the completion of the MRI or in six weeks. On September 25, 2006, Resident #1 was scheduled for the MRI, however, the MRI was not completed because the Resident would not hold her head still. Additionally, review of the consult revealed a recommendation was made for the Resident to be sedated. Continued review of the consultation form revealed the Resident was also seen by the neurologist on March 6, 2007. The consultation form revealed the Resident was unable to remain still and follow instructions. At the time of the investigation, the facility failed to provide evidence that Resident #1 received at recommended MRI and/or failed to provide evidence that the recommendation for the MRI was alternatively addressed. 2. The facility failed to provide evidence that the recommendation for the MRI was alternatively addressed. (Cross Refer number 1 above) Interview with the RN and review of Resident #1's medical record on December 3, 2008, revealed the resident had been seen by a neurologist on September 7, 2006. Review of the corresponding neurological consult revealed the resident was referred to the specialist because she had experienced four | PREFIX | (EACH DEFICIENCY MUST BE PRECEDED BY FULL | | PREFIX | (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE | | COMPLETE | |
| lealth Regulation Administration | | referred to the spece experienced four serview of the constreported that the resurring incontinence of the property incompleted because the head still. Addit revealed a recommended a recommended of the investigation of the property incompleted because remain still and follow the investigation, the evidence that Residence that the rewas alternatively and the property incompleted because remain still and follow the investigation, the evidence that the rewas alternatively and the property incompleted property in the property in | cialist because she had eizure-like episodes. Alt revealed the direct esident was also experienced and visual hallucing commended an EEG rule-out any structural return for a follow-up the completion of the 2006, Resident #1 was MRI, however, the MRI ethe Resident would stionally, review of the mendation was made the Resident was unable to MRI was ethe resident was unable the resident was unable the facility failed to provide and/or failed to provident #1 received the and/or failed to provident #1 received a recommendation for the difference of the corresponding neurologist on September experienced was referred she had experienced. | Further care staff riencing ations. and an all lesions. MRI or in as all was not not hold consult for the ew of the salso 7. The again not able to e time of vide de MRI that ended with the record dent had er 7, ological ad to the four | I 401 | 2. The EEG ordered by the neurologist was completed o 09/07/2006. The provider will ensure that examinations and procedure permanently maintained in the medical record to ensure concare. The provider will clearly critical documents that are no purged from the active record. Purged records will be review ensure that critical document in the active medical record. Nurses will receive additional on the provider policy on main of medical records, particular pertains to purging medical records. | specialty s are the active of indicate of to be d. yed to s remain training intenance by as it | 1/15/09 |

Health Regulation Administration STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROMDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING HFD03-0238 12/03/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3215 20TH STREET, NE MY OWN PLACE WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRFFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) 1401 . 1401 Continued From page 6 consult revealed the direct care staff reported that the resident was also experiencing urinary incontinence and visual hallucinations. The neurologist recommended an EEG and an MRI of the brain to rule-out any structural lesions. 51.7 Additional review of Resident #1's record on December 3, 2008, revealed a physician's quarterly progress note dated July 2, 2007. The progress note indicated that Resident #1 had an EEG in November 2006. The physician's progress note further documented that the EEG was completed. Interview with the RN on December 3, 2008, was conducted to ascertain information regarding the results of the EEG. The RN revealed the client's record had been purged. At the time of the investigation, the facility failed to provide evidence that verified the EEG had been conducted. 1500 3523.1 RESIDENT'S RIGHTS 1500 Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this 57 chapter, and other applicable District and federal laws. This Statute is not met as evidenced by: Based on observation, interview and record review, the Group Home for Persons with Mental Retardation (GHMRP) failed to observe and protect the rights of a resident, in accordance with D.C. Law 2-137 (now Title 7, Chapter 13). and this chapter. The findings include:

Section 7-1305.05 (g). [Formerly 6-1965] The

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING B, WING_

(X3) DATE SURVEY COMPLETED

12/03/2008

HFD03-0238

STREET ADDRESS, CITY, STATE, ZIP CODE

MY OWN PLACE

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3215 20TH STREET, NE

| WASHING | | WASHINGTON, DC | 3TON, DC 20018 | | |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMA | FULL PREFIX | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE | |
| I 500 | Continued From page 7 facility failed to ensure the resident's rigin receive prompt and adequate medical as evidenced below: | ont to ttention, | I 500 1. Reference response to 1002 Client #1 also underwent CT scan of the brain on 10/21/06 as further investigation of the diagnosis of | 10.21.06 | |
| F. B. | 1. Review of the facility's incident report December 3, 2008, beginning at 8:51 Al revealed an incident involving Resident: October 4, 2008. According to the report Resident #1 began to black out in the fabathroom during her morning care. The further revealed the resident was transpound the emergency room via ambulance. Rethe internal investigation dated December 2008, on December 3, 2008, revealed the Resident was admitted to the hospital and diagnosed with syncope (unknown etiological). | M#1 dated tt, cility's report orted to eview of ar 10, ae | altered mental state. The CT scan revealed "no evidence of acute intracranial pathology". (See attached report). | | |
| | Interview with the facility's Registered Nu on December 3, 2008, was conducted to ascertain if Resident #1 had experienced medical concerns prior to her admission hospital on October 4, 2008. According RN, Resident #1 had not experienced ar medical problems before her admission hospital. Additionally, interview was corwith a direct care staff on December 3, 2 10:06 AM that further verified Resident # health status (no medical concerns) prior admission to the hospital. | to the to the to the to the to the to the ducted 008 at | | | |
| | Continued interview with the RN and review Resident #1's medical record on Decemt 2008, revealed a monthly nursing assess dated September 27, 2008. Review of the nursing assessment revealed a page ent "Systems Review/Risk Assessment." Act to the Systems Review/Risk Assessment to the Systems Review/Risk Assessment recommendation was made to follow-up "MRI of the brain and appointment with the neurologist." The RN indicated that wher the Administration | per 3, sment ited cording , a with an | | | |

Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B, WING HFD03-0238 12/03/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3215 20TH STREET, NE MY OWN PLACE WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PRÉFIX TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) 1500 Continued From page 8 1500 started, in July 2008, she reviewed the client's medical record and discovered that the recommendation for Resident #1 to receive the MRI had not been completed. Additionally, the monthly nursing assessment (dated September 27, 2008) recommended to "follow-up on any outstanding appointments, continue with current plan of care and report any changes to the nurse." Further interview with the RN and review of the resident's medical record revealed that Resident 3.7 #1 had been seen initially by the neurologist on September 7, 2006. Review of the corresponding neurological consult revealed the resident was referred to the specialist because she had experienced four seizure-like episodes. Further review of the consult revealed the direct care staff reported that the resident was also experiencing urinary incontinence and visual hallucinations. The neurologist recommended an EEG and an MRI of the brain to rule-out any structural lesions. Resident #1 was to return for a follow-up appointment after the completion of the MRI or in six weeks. On September 25, 2006, Resident #1 was scheduled for the MRI, however, the MRI was not completed because the resident would not hold her head still. Additionally, review of the consult revealed a recommendation was made for the Resident to be sedated. Continued review of the resident's record revealed the Resident was also seen by the neurologist on March 6, 2007. The consultation form revealed the MRI was again not completed because the resident was unable to remain still and follow instructions. At the time of the investigation, the facility failed to provide evidence that Resident #1 received the recommended MRI and/or failed to provide

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Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING . HFD03-0238 12/03/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3215 20TH STREET, NE MY OWN PLACE WASHINGTON, DC 20018 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) 1500 Continued From page 9 1500 1500 Continued from page 9 evidence that the recommendation for the MRI 2. Reference response to I 401 was alternatively addressed. 2. The facility failed to provide evidence that verified Resident #1 received a recommended EEG (Cross Refer number 1 above) Interview with the RN and review of Resident #1's medical record on December 3, 2008, revealed the resident had , V.A.5, been seen by a neurologist on September 7, 2006. Review of the corresponding neurological 33 6. consult revealed the resident was referred to the بالانتد specialist because she had experienced four (3 seizure-like episodes. Further review of the consult revealed the direct care staff reported that the resident was also experiencing urinary incontinence and visual hallucinations. The neurologist recommended an EEG and an MRI of the brain to rule-out any structural lesions. Additional review of Resident #1's record on December 3, 2008, revealed a physician's quarterly progress note dated July 2, 2007. The progress note indicated that Resident #1 had an EEG in November 2006. The physician's progress note further documented that the EEG was completed. Interview with the RN on December 3, 2008, was conducted to ascertain information regarding the results of the EEG, The RN revealed the client's record had been ir. purged. At the time of the investigation, the facility failed to provide evidence that verified the EEG had been conducted. (See also Federal Deficiency Report Citation W322 and W326) Health Regulation Administration STATE FORM

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